

Quality ID #264: Sentinel Lymph Node Biopsy for Invasive Breast Cancer

2025 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Process

DESCRIPTION:

The percentage of clinically node negative (clinical stage T1N0M0 or T2N0M0) breast cancer patients before or after neoadjuvant systemic therapy, who undergo a sentinel lymph node (SLN) procedure.

INSTRUCTIONS:

This measure is to be submitted **each time** a procedure is performed during the performance period for patients age 18 years and older who are operated upon for invasive breast cancer that are clinically node negative (clinical stage T1N0M0 or T2N0M0) before or after neoadjuvant systemic therapy. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Submission Type:

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:

Patients aged 18 and older with primary invasive breast cancer

Denominator Criteria (Eligible Cases):

Patients aged 18 and older at date of encounter

AND

Diagnosis of Breast Cancer (ICD-10-CM): C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929

AND

Patient encounter during the performance period (CPT): 19301, 19302, 19307, 38500, 38510, 38520, 38525, 38530, 38542, 38740, 38745

WITHOUT

Telehealth Modifier (including but not limited to): GQ, GT, POS 02, POS 10

AND

Clinically Node Negative (T1N0M0 or T2N0M0) Invasive Breast Cancer Before or After Neoadjuvant Systemic Therapy: G9911

NUMERATOR:

Patients who undergo a SLN procedure

Numerator Options:

Performance Met:

Sentinel lymph node biopsy procedure performed
(G8878)

OR

Denominator Exception:

Documentation of reason(s) sentinel lymph node biopsy not performed (e.g., reasons could include but not limited to; non-invasive cancer, incidental discovery of breast cancer on prophylactic mastectomy, incidental discovery of breast cancer on reduction mammoplasty, pre-operative biopsy proven lymph node (LN) metastases, inflammatory carcinoma, stage 3 locally advanced cancer, recurrent invasive breast cancer, clinically node positive after neoadjuvant systemic therapy, patient refusal after informed consent, patient with significant age, comorbidities, or limited life expectancy and favorable tumor; adjuvant systemic therapy unlikely to change) (G8880)

OR

Performance Not Met:

Sentinel lymph node biopsy procedure not performed, reason not given (G8882)

RATIONALE:

A sentinel lymph node (SLN) procedure is defined as a method of axillary or other regional lymph node assessment that requires a tracer (such as radioisotope, blue dye or others) injection in the breast with subsequent identification of node(s) in the axilla or other lymph node basin. There is level one evidence that breast cancer SLN biopsy is as accurate as axillary dissection for breast cancer staging and is associated with less morbidity than routine axillary dissection.

CLINICAL RECOMMENDATION STATEMENTS:

The current body of reported surgical experience shows that SLN biopsy is suitable for virtually all clinically node-negative T1-2 invasive breast cancers. (The American Society of Breast Surgeons, 2010)

COPYRIGHT:

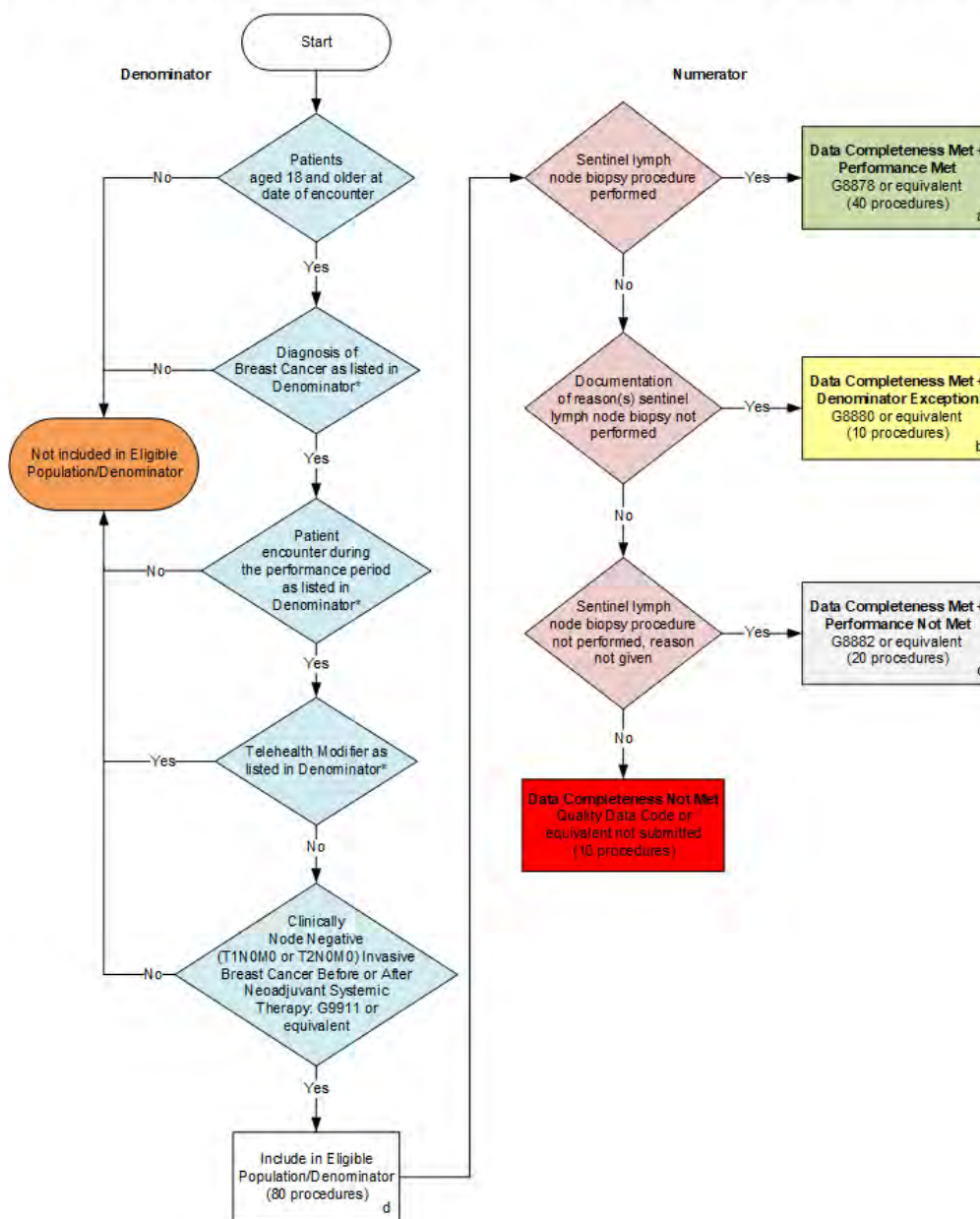
This measure is owned by The American Society of Breast Surgeons.

CPT® contained in the Measure specifications is copyright 2004-2024 American Medical Association. ICD-10 is copyright 2024 World Health Organization. All Rights Reserved.

THESE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

2025 Clinical Quality Measure Flow for Quality ID #264: Sentinel Lymph Node Biopsy for Invasive Breast Cancer

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.



SAMPLE CALCULATIONS

Data Completeness=

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Denominator Exception (b=10 procedures)} + \text{Performance Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures) - Denominator Exception (b=10 procedures)}} = \frac{40 \text{ procedures}}{60 \text{ procedures}} = 66.67\%$$

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Procedure

CPT only copyright 2024 American Medical Association. All rights reserved.
 The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

v9

**2025 Clinical Quality Measure Flow Narrative for Quality ID #264:
Sentinel Lymph Node Biopsy for Invasive Breast Cancer**

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator
2. Check *Patients aged 18 and older at date of encounter*:
 - a. If *Patients aged 18 and older at date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients aged 18 and older at date of encounter* equals Yes, proceed to check *Diagnosis for Female/Male Breast Cancer as listed in Denominator**.
3. Check *Diagnosis of Breast Cancer as listed in Denominator**:
 - a. If *Diagnosis of Breast Cancer as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis of Breast Cancer as listed in Denominator** equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator**.
4. Check *Patient encounter during the performance period as listed in Denominator**:
 - a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, proceed to check *Telehealth Modifier*.
5. Check *Telehealth Modifier*:
 - a. If *Telehealth Modifier* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Telehealth Modifier* equals No, proceed to check *Clinically Node Negative Invasive Breast Cancer Before or After Neoadjuvant Systemic Therapy*.
6. Check *Clinically Node Negative (T1N0M0 or T2N0M0) Invasive Breast Cancer Before or After Neoadjuvant Systemic Therapy*:
 - a. If *Clinically Node Negative (T1N0M0 or T2N0M0) Invasive Breast Cancer Before or After Neoadjuvant Systemic Therapy* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Clinically Node Negative (T1N0M0 or T2N0M0) Invasive Breast Cancer Before or After Neoadjuvant Systemic Therapy* equals Yes, include in *Eligible Population/Denominator*.
7. Denominator Population:
 - Denominator Population is all Eligible Procedures in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 procedures in the Sample Calculation.
8. Start Numerator
9. Check *Sentinel lymph node biopsy procedure performed*:

- a. If *Sentinel lymph node biopsy procedure performed* equals Yes, include in *Data Completeness Met and Performance Met*.
 - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 procedures in the Sample Calculation.
 - b. If *Sentinel lymph node biopsy procedure performed* equals No, proceed to check *Documentation of reason(s) sentinel lymph node biopsy not performed*.
10. Check *Documentation of reason(s) sentinel lymph node biopsy not performed*:
- a. If *Documentation of reason(s) sentinel lymph node biopsy not performed* equals Yes, include in *Data Completeness Met and Denominator Exception*.
 - *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 procedures in the Sample Calculation.
 - b. If *Documentation of reason(s) sentinel lymph node biopsy not performed* equals No, proceed to check *Sentinel lymph node biopsy procedure not performed, reason not given*.
11. Check *Sentinel lymph node biopsy procedure not performed, reason not given*:
- a. If *Sentinel lymph node biopsy procedure not performed, reason not given* equals Yes, include in the *Data Completeness Met and Performance Not Met*.
 - *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 procedures in the Sample Calculation.
 - b. If *Sentinel lymph node biopsy procedure not performed, reason not given* equals No, proceed to check *Data Completeness Not Met*.
12. Check *Data Completeness Not Met*:
- If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 procedures have been subtracted from Data Completeness Numerator in the Sample Calculation.

Sample Calculations:

Data Completeness equals Performance Met (a equals 40 procedures) plus Denominator Exception (b equals 10 procedures) plus Performance Not Met (c equals 20 procedures) divided by Eligible Population / Denominator (d equals 80 procedures). All equals 70 procedures divided by 80 procedures. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 procedures) divided by Data Completeness Numerator (70 procedures) minus Denominator Exception (b equals 10 procedures). All equals 40 procedures divided by 60 procedures. All equals 66.67 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Procedure

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.